

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

<p>Blood Pressure Measuring Apparatus</p>

the specification of which (check only one item below):

- ☒ is attached hereto, and was amended on _____ (if applicable).
- ☐ was filed as United States application number _____ on _____
and was amended on _____ (if applicable).
- ☐ was filed as PCT international application number _____ on _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
German	103 03 906.6	31 January 2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Robert S. Swecker	19,885	James W. Peterson	26,057	Wendi L. Weinstein	34,456
Platon N. Mandros	22,124	Teresa Stanek Rea	30,427	Donna M. Meuth	36,607
Benton S. Duffett, Jr.	22,030	William C. Rowland	30,888	Nhat D. Phan	39,581
Norman H. Stepno	22,716	T. Gene Dillahunt	25,423	Claude A.S. Hamrick	22,586
Ronald L. Grudziecki	24,970	Patrick C. Keane	32,858	Laurie A. Axford	35,053
Alan E. Kopecki	25,813	B. Jefferson Boggs, Jr.	32,344	Susan M. Dadio	40,373
Regis E. Slutter	26,999	Peter K. Skiff	31,917	Sharon E. Crane	36,113
Samuel C. Miller, III	27,360	Matthew L. Schneider	32,814		
Robert G. Mukai	28,531	Charles F. Wieland III	33,096		
George A. Hovanec, Jr.	28,223	Bruce T. Wieder	33,815		
James A. LaBarre	28,632	Todd R. Walters	34,040		
E. Joseph Gess	28,510	Allen R. Baum	36,086		
R. Danny Huntington	27,903	Brian P. O'Shaughnessy	32,747		
Eric H. Weisblatt	30,505	Fred W. Hathaway	32,236		

All practitioners associated with
Customer Number **2 1 8 3 9**

and _____

Address all correspondence to: **BURNS, DOANE, SWECKER & MATHIS, L.L.P.**
Customer Number **2 1 8 3 9**
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: Patrick C. Keane at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	
GIVEN NAME (first and middle (if any)) Peter	FAMILY NAME OR SURNAME Götz
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) 83677 Greiling, Germany	CITIZENSHIP German
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) Mühlreiterweg 6, 83677 Greiling, Germany	
NAME OF SECOND INVENTOR	
GIVEN NAME (first and middle (if any)) Jörg	FAMILY NAME OR SURNAME Ziel
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) 83677 Greiling, Germany	CITIZENSHIP Germany
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) Am Ahorn 11, 83677 Greiling, Germany	

NAME OF THIRD INVENTOR		
GIVEN NAME (first and middle (if any)) Werner		FAMILY NAME OR SURNAME Wingender
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country) 83677 Greiling, Germany		CITIZENSHIP Germany
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) Ertlweg 7, 83677 Greiling, Germany		
NAME OF FOURTH INVENTOR		
GIVEN NAME (first and middle (if any)) Jochen		FAMILY NAME OR SURNAME Von Benthén
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country) 83646 Bad Tölz, Germany		CITIZENSHIP Germany
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) Im Farchet 15, 83646 Bad Tölz, Germany		
NAME OF FIFTH INVENTOR		
GIVEN NAME (first and middle (if any))		FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country)		
NAME OF SIXTH INVENTOR		
GIVEN NAME (first and middle (if any))		FAMILY NAME OR SURNAME
INVENTOR'S SIGNATURE		DATE
RESIDENCE (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country)		